## PART B - FEE(S) TRANSMITTAL

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7590

04/06/2007

Siemens Corporation Atm: Elsa Keller, Legal Administrator Intellectual Property Department 170 Wood Avenue South Iselin, NJ 08830

ADDITION ATTENDED



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Sara E. Armstrong	(Depositor's name)
Sara E. (MANAMORATA)	(Signature)
June 28, 2007	(Dnie)

AFFLICATION NO.	PILING DATE	1	LIK21 NYMED INVENTOR	· [AIII	ORNEY DOCKET NO.	CONFIRMATION NO.	
10/601,413	06/23/2003		Robert D. Kahn		2003P04569US	7705	
TITLE OF INVENTION FEATURES ASSOCIATE	on: Method and Ted with a medical	system for simui Limage	TANEOUSLY DISPLAY	YING RELATIONSHIP	S OF MEASUREME	NTS OF	
АРРЪМ. ТУРВ	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE PEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0 .	\$1700	07/06/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	06/28/2097 KG	SEBREM2 00000132 :	192179 10801413	
Jaworski, Francis J		3768	600-437000	91 FC:1501	1400.00 DA		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Unli recordation as set forth (A) NAME OF ASSIC Siemens	css an assigned is idention in 37 CFR 3.11. Complined INSE Medical Sol	fied below, no assignee letion of this form is NO utions USA,	THE PATENT (print or typ data will appear on the port a substitute for filling an a (B) RESIDENCE: (CITY  Inc. Malinted on the putent):	tent If an assignce is in usignment, and STATE OR COUNT VEIN, PA	ľŔY)		
			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2179 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted interest as shown by the records of the United States Patent and Trademork.			b. Applicant is no longer claiming SMALL ENTITY states. See 37 CFR 1.27(g)(2).  In the applicant, a registered alterney or agent; or the assignce or other party in coffice.				
Authorized Signature	an	مو		Date 6/	27/07		
Typed or printed name	_Anand Set	huraman		Registration No. 4:	3,351	<del></del>	
4							

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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